

## APPLIANCE INSPECTION CHECKLIST

Date \_\_\_\_\_ Inspector \_\_\_\_\_ Address \_\_\_\_\_

Contractor: \_\_\_\_\_ Type of Appliance \_\_\_\_\_

\* Indicate for each item - (S) Satisfactory – (U) Unsatisfactory – (N/A) Not Applicable

<u>Appliance</u>	S	U	N/A	Comments
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Combustion Air (source and volume)				
Return Air				
Clearance				
Location				
Relief Valve and Drip Leg				
Access				
Electrical Connections				
Water Heater Size				
Condensate Drain				

**Fuel Line**

Size				
Type				
Shut Off				
Connector				
Supports				
Leak Test				
Dirt Leg				

### Flue and Flue Connector

Pitch				
Size				
Clearance				
Type				
Supports				
Termination				
Fire Stop				
Proper Draft				
Condition				

### **Results of Inspection – Check One:**

           **Approved**                 **Approved/with Conditions**                 **Not Approved/Corrections Required**

Condition(s) OR Correction(s) \_\_\_\_\_

**Re-Inspection Required: YES\_\_\_ NO\_\_\_ Must be Completed By:\_\_\_\_\_**

**Re-inspection Date:** \_\_\_\_\_ **Approved by:** \_\_\_\_\_